

U.S. Department of Energy
Environmental Management Consolidated Business Center
PRIVACY ACT INFORMATION REQUEST

To: Privacy Act Office, U.S. Department of Energy, Environmental Management Consolidated Business Center
250 E. Fifth Street, Suite 500, Cincinnati, OH 45202
Fax: (513) 246-0522 email: martrice.glover@emcbc.doe.gov

To Whom It May Concern:

I would like to request a copy of my:

___ medical records ___ personnel records ___ x-ray reports ___ radiation exposure records
___ occupational and industrial records

The following information should provide you with everything you need to process this request:

Name: _____ (Please Print)

Social Security #: _____

Formerly Employed By: _____ at: _____

To verify my identity for Privacy Act purposes:

1. ___ I have completed this form and had it notarized (see below); or
2. ___ I have enclosed a copy of a document containing my current address and signature such as a driver's license, passport, or voter registration card.

Please forward the requested records to me at the following address:

Address: _____

I can be reached at _____ if any further information is needed.

Signature: _____ Date: _____

Enclosure if applicable:

Certificate of Notary Public, or other officer:

State of _____ county of _____, the
subscribing requester came before me a _____, in and for the aforesaid
county and state, this _____ day of _____, 20____, and established (his)(her) identity to my
satisfaction. My commission expires: _____

Signature _____